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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/709 038
Filing Date	11/10/2000
First Named Inventor	Koch
Art Unit	2662
Examiner Name	NEUBAUER
Attorney Docket Number	3500099

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I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

38516

OR


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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Scott P. Zimmerman		
Date	05/12/2008	Telephone	(919) 469-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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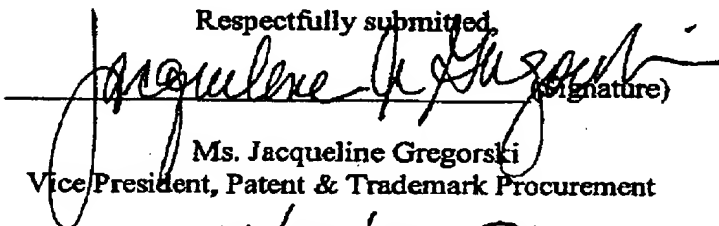
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